

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

49090

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. City Hospital No. 2)

File No.....

Registered No.....

St. Ward.....

2. FULL NAME

Nicholson

(a) Residence, No. 2837a Sample St. 6 Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9 - 5 - 36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis,
Missouri

13. NAME

John Nicholson

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Mary Ann Otis

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Miss.

17. INFORMANT
(ADDRESS)

Father Mary Sheridan
2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery

DATE 10-2-36

19. UNDERTAKER

David Van Nassan

(ADDRESS)

City Hospital

20. FILE

OCT 1 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-36, 19

22. I HEREBY CERTIFY, That I attended deceased from
9 - 5 - 1936 to 9 - 5 - 1936

I last saw him alive on....., 19..... Death is said
to have occurred on the date stated above, at 6:40 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

9-5-36

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thomas C. McFall

M. D.

(Address)

2945 Lawton

